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PTO/SB/21 (08-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/044,119		
	Filing Date	January 11, 2002	
	First Named Inventor	Timothy R. Fitch	
	Group Art Unit	2133	
	Examiner Name	Alphonse, Fritz	
Total Number of Pages in This Submission	35	Attorney Docket Number	283-346.02

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (24 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (4 pgs) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) (2 pgs) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Mailroom Postcard (1 pg); Amendment Transmittal Letter (1 pg); check in the amount of \$1,250.00
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

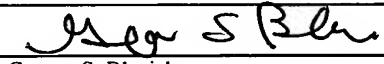
Firm or Individual name	Wall Marjama & Bilinski LLP	Reg. No.	37,283
Signature			
Date	July 7, 2005		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 Express Mail No.: EV554215136US on the date shown below:			
Typed or printed name	Cheryl M. Nichols		
Signature		Date	July 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL</p> <p>For FY 2005</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>					
Application Number		10/044,119					
Filing Date		January 11, 2002					
First Named Inventor		FITCH, Timothy R.					
Examiner Name		ALPHONSE, Fritz					
Art Unit		2133					
Attorney Docket No.		283_346.02					
TOTAL AMOUNT OF PAYMENT		\$1,250.00					
Express Mail Label EV 554215136 US							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Wall Marjama & Bilinski LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	Multiple Dependent Claims
	- 20 or HP =		x		=		Fee (\$) Fee Paid (\$)
HP= highest paid number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
	- 3 or HP =		x		=		
HP =highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee (\$)		Fee Paid (\$)
	- 100 =		/ 50 =	(round up to a whole number)	x	=	
4. OTHER FEES 1 extra independent claim (x \$200) = \$200.00; 15 extra dependent claims (x \$50) = \$750.00; One Month Extension of Time - \$120.00; and Information Disclosure Statement - \$180.00							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: _____							\$1,250.00
SUBMITTED BY							
Signature					Registration No. 37,283 (Attorney/Agent)	Telephone 315-425-9000	
Name (Print/Type)	George S. Blasiak				Date		July 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**AMENDMENT TRANSMITTAL LETTER**Docket No.
283_346.02Application No.
10/044,119Filing Date
January 11, 2002Examiner
ALPHONSE, FritzArt Unit
2133

Applicant(s): Timothy R. FITCH; Eric C. COLEMAN; Donna H. FLETCHER; James GRESKO; Garrison GOMEZ; Paul HIGGINS; Paul KLOCK; David A. MANGICARO; Melvin D. MCCALL; Russ A. MESEROLL; James F. O'DONNELL; James B. ROSETTI; Joseph B. SAKAL; Thomas A. SIEGLER; George S. SMITH II; David SPERDUTI

Invention: ERGONOMICALLY DESIGNED MULTIFUNCTIONAL TRANSACTION TERMINAL

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	53	- 38 =	15	x 50.00	750 00
Independent Claims	6	- 5 =	1	x 200.00	200 00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): One Month Extension of Time (\$120) Information Disclosure Statement (\$180)					300 00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,250 00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0289
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

George S. Blasiak
Signature

Dated: July 7, 2005

George S. Blasiak Reg. No. 37,283
Name
(Print/Type)

Express Mail Label No. EV 554215136 US